

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2011</span>		<span style="border: 1px solid black; padding: 2px;">253762.79</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">327581.74</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">41598.10</span>	<span style="border: 1px solid black; padding: 2px;">391907.98</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">369179.84</span>	<span style="border: 1px solid black; padding: 2px;">645670.77</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">26455.53</span>	<span style="border: 1px solid black; padding: 2px;">302946.46</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">342724.31</span>	<span style="border: 1px solid black; padding: 2px;">342724.31</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2011			

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25666.94

277239.41

(ii) Unitemized .....

15511.66

107326.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41178.60

384566.01

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

41178.60

384566.01

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

419.50

7341.97

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

41598.10

391907.98

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

41598.10

391907.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	455.53	6946.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	455.53	6946.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	296000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26455.53	302946.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26455.53	302946.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	41178.60	384566.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41178.60	384566.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	455.53	6946.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	419.50	7341.97
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	36.03	-395.51

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey D Bachtel MD**

Mailing Address 182 East Ave

City State Zip Code  
Tallmadge OH 44278-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Physicians, Inc.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : C1503214**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. Boyd Lee Bailey MD**

Mailing Address 1023 Medical Center Pkwy Ste 200

City State Zip Code  
Selma AL 36701-7739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UAB/Selma Family Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : C1515582**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Frederic Baker MD**

Mailing Address 32 Mark Cir

City State Zip Code  
Holden MA 01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMMHC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2011

**Transaction ID : C1514970**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

460.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mikael Eugene Bedell MD**

Mailing Address PO Box 1330

114 Gardner Place

City

Cascade

State

ID

Zip Code

83611-1330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cascade Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 28 / 2011

Transaction ID : C1515008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Robert Bertka MD**

Mailing Address 8533 Castle Oaks Pl

City

Holland

State

OH

Zip Code

43528-9231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 03 / 2011

Transaction ID : C1498277

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

East Tennessee State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2011

Transaction ID : C1522541

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Erika Barni Bliss MD**

Mailing Address 10420 Ne 55Th St

City State Zip Code  
 Kirkland WA 98033-7421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Qliance

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2011

Transaction ID : C1522538

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Julia Lett Boothe MD**

Mailing Address 14670 Bel Aire Est

City State Zip Code  
 Coker AL 35452-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 22 / 2011

Transaction ID : C1513064

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Robert C M Bourne MD**

Mailing Address 1300 E Cooley Dr

City State Zip Code  
 Colton CA 92324-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Beaver Medical Group

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

Transaction ID : C1515001

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.42



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wesley Gene Bradford MD**

Mailing Address 5122 Oconto Ave

City Rancho Palos Verdes State CA Zip Code 90275-3733

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 27 / 2011

Transaction ID : C1514989

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Brandt DO**

Mailing Address 180 Ingraham Mtn Rd

City Augusta State ME Zip Code 04330-8431

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Maine-Dartmouth Family Medicine Reside

Residency Faculty Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 05 / 2011

Transaction ID : C1499769

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. June G Bredin MD**

Mailing Address 4924 153Rd PI Sw

City Edmonds State WA Zip Code 98026-4435

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Sate of Washington DSHS

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 22 / 2011

Transaction ID : C1513069

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

455.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey M Byrne MD**

Mailing Address 9 Rolling Green Ln

City

Chelmsford

State

MA

Zip Code

01824-4469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHELMSFORD FAMILY PRACTICE, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509434

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Medical Group, Marlton NJ

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 21 / 2011

Transaction ID : C1510184

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Cory D Carroll MD**

Mailing Address 1040 E Elizabeth St Ste 2

City

Fort Collins

State

CO

Zip Code

80524-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 17 / 2011

Transaction ID : C1508957

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 28 / 2011

**Transaction ID : C1515019**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Cecilia Ann Collins MD**

Mailing Address 383 N Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cecilia A Collins M.D. P.A.

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2011

**Transaction ID : C1508865**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.63

Date of Receipt

11 / 16 / 2011

**Transaction ID : C1522539**

Amount of Each Receipt this Period

333.33

**SUBTOTAL** of Receipts This Page (optional)..... ►

798.33

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Howard Darnell MD**

Mailing Address 320 Sunset Dr

City State Zip Code  
 Ashland KY 41101-2168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Center, PLLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1505885

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Jose M David MD**

Mailing Address 804 Huntington Ct

City State Zip Code  
 Albany NY 12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prime Care Physicians PLLC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4375.00

Date of Receipt

11 / 06 / 2011

Transaction ID : C1499777

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**c. Michael L Fitzpatrick MD**

Mailing Address 7507 Annin St

City State Zip Code  
 Holland OH 43528-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 17 / 2011

Transaction ID : C1509001

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1655.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Seth Yawki Flagg MD**

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USN

Occupation

Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 03 / 2011

Transaction ID : C1498634

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Michael O Fleming MD**

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

11 / 02 / 2011

Transaction ID : C1498570

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Walter F Fletcher MD**

Mailing Address PO BOX 486

City

Martin

State

TN

Zip Code

38237-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 08 / 2011

Transaction ID : C1501530

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

785.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Patricia Fontaine Md Fontaine MD**

Mailing Address 1100 Angelo Dr

City State Zip Code  
Golden Valley MN 55422-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Health Partners

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2011

**Transaction ID : C1509024**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rogelio J Gamad MD**

Mailing Address 3232 E 15Th St

City State Zip Code  
Panama City FL 32405-7423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2011

**Transaction ID : C1499080**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Christopher H Gaynor MD**

Mailing Address 6300 9Th Ave Ne Ste 300

City State Zip Code  
Seattle WA 98115-8516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.84

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2011

**Transaction ID : C1504034**

Amount of Each Receipt this Period

52.14

**SUBTOTAL** of Receipts This Page (optional)..... ►

917.14

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roland Adolph Goertz MD**

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

11 / 22 / 2011

Transaction ID : C1522542

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**B. Gregory K Griggs**

Mailing Address NC AFP - Exec Vice Pres  
PO Box 10278

City

Raleigh

State

NC

Zip Code

27605-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NC AFP

Occupation

NC AFP - Exec Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

11 / 11 / 2011

Transaction ID : C1503964

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**C. Eric James Heathers MD**

Mailing Address 767 Riverview Dr

City

Kokomo

State

IN

Zip Code

46901-7025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509486

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

712.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lori J Heim MD**

Mailing Address 250 Hollybrook Farm Ln

City

State

Zip Code

Vass

NC

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Scotland Memorial Hospital

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

11 / 28 / 2011

**Transaction ID : C1515017**

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

**B. Daniel J Heinemann MD**

Mailing Address PO BOX 5039

City

State

Zip Code

Sioux Falls

SD

57117-5039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Sioux Valley Health Systems

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2475.00

Date of Receipt

11 / 11 / 2011

**Transaction ID : C1503963**

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. Creston C Herold MD**

Mailing Address 6375 Mercury Dr Ste 200

City

State

Zip Code

Mechanicsburg

PA

17050-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

West Shore Family Practice

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 22 / 2011

**Transaction ID : C1513044**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

891.67



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Brian Lee Holmes MD**

Mailing Address 1111 N Brady St Ste B

City	State	Zip Code
Abilene	KS	67410-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Clinic, LLP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : C1503573**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Richard W Honke MD**

Mailing Address 401 W Glynn Dr

City	State	Zip Code
Parkston	SD	57366-9605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avera St Benedict CRHC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	28	/	2011

**Transaction ID : C1515009**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. David Standish Hoskins MD**

Mailing Address PO BOX 2200

City	State	Zip Code
Minden	NV	89423-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : C1503216**

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional)..... ►

775.63

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elvin C Irvin MD**

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Care

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 16 / 2011

Transaction ID : C1507517

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Jessica Johnson**

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1506252

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Richard H Jones MD**

Mailing Address 106 W Howell Ave

City

Alexandria

State

VA

Zip Code

22301-1508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Durney Medical Services, PLLC

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509448

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

385.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael A Kalinosky DO**

Mailing Address 220 W South St

City

Viroqua

State

WI

Zip Code

54665-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gundenstan Lutheran

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 26 / 2011

Transaction ID : C1514980

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Amr Sabry Kamhawy MD**

Mailing Address 33358 Waterberry Cir

City

Wauke

State

IA

Zip Code

50263-7011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

I.H.S.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 22 / 2011

Transaction ID : C1513078

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Byung Kang DO**

Mailing Address 159 Hill Park Ave

City

Great Neck

State

NY

Zip Code

11021-3828

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kanhan Medical Svc., P.C.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 22 / 2011

Transaction ID : C1513087

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

895.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christina Marie Kelly MD**

Mailing Address 2104 Addax Trl

City

Harker Heights

State

TX

Zip Code

76548-2351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Multicare Health System

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 28 / 2011

**Transaction ID : C1515015**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Laura C Knobel MD**

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 17 / 2011

**Transaction ID : C1508958**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Carl G Knopke MD**

Mailing Address 7950 Harbart Dr

City

Riverside

State

CA

Zip Code

92506-7559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 18 / 2011

**Transaction ID : C1509460**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael J La Penta MD**

Mailing Address 445 Defense Hwy

City

Annapolis

State

MD

Zip Code

21401-8913

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospice of the Chesapeake, INC

Occupation

Senior Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509485

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. C Tim Lambert MD**

Mailing Address 1905 Chapel Cv  
Ste 340

City

Rowlett

State

TX

Zip Code

75088-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 28 / 2011

Transaction ID : C1515584

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Andrew Lutzkanin**

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.16

Date of Receipt

11 / 04 / 2011

Transaction ID : C1503212

Amount of Each Receipt this Period

41.88

**SUBTOTAL** of Receipts This Page (optional)..... ►

771.88

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew Lutzkanin**

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/a

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

323.16

Date of Receipt

11 / 10 / 2011

Transaction ID : C1503218

Amount of Each Receipt this Period

41.88

Full Name (Last, First, Middle Initial)

**B. David Ashley Lynch MD**

Mailing Address 120 N Shore Dr

City

Bellingham

State

WA

Zip Code

98226-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Care Network

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 22 / 2011

Transaction ID : C1513092

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Leah Raye R Mabry MD**

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christus Health Care

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 21 / 2011

Transaction ID : C1510181

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

506.88

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Melchisedek L Margaris MD**

Mailing Address 3400 12th Ave S

City

Great Falls

State

MT

Zip Code

59405-5557

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 22 / 2011

**Transaction ID : C1513063**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Charles G Marler MD**

Mailing Address PO BOX 990  
670 Park Ave

City

Shelby

State

MT

Zip Code

59474-0990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 28 / 2011

**Transaction ID : C1515585**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Kevin B Martin MD**

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sound Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 28 / 2011

**Transaction ID : C1515018**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2011

**Transaction ID : C1498314**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2011

**Transaction ID : C1501531**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2011

**Transaction ID : C1505930**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2011

**Transaction ID : C1513083**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : C1515586**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Dale C Moquist MD**

Mailing Address 14023 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physicians at Sugar Creek

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2011

**Transaction ID : C1508959**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jennifer Muhly MD**

Mailing Address 41 Lintel Dr

City

Canonsburg

State

PA

Zip Code

15317-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centerville Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : C1505947**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Joseph Neller**

Mailing Address 1118 Shelter Ln

City

Lansing

State

MI

Zip Code

48912-5026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MA AFP

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

11 / 11 / 2011

**Transaction ID : C1503965**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**C. Carrie E Nelson MD**

Mailing Address 520 W Indiana St

City

Wheaton

State

IL

Zip Code

60187-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

McKesson Health Solutions

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

11 / 15 / 2011

**Transaction ID : C1505884**

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

316.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. R W Nicholson MD**

Mailing Address 801 Cobblestone Dr

City

Evansville

State

IN

Zip Code

47715-4288

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderburgh County Health Dept.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1505931

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Cheri L Olson MD**

Mailing Address 102 Kinder Rd

City

La Crescent

State

MN

Zip Code

55947-9741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 28 / 2011

Transaction ID : C1515003

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Maureen O Padden MD, MPH**

Mailing Address 2300 E St Nw

Bureau Of Medicine And Surgery

City

Washington

State

DC

Zip Code

20372-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Navy

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

11 / 02 / 2011

Transaction ID : C1521049

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth Dewayne Parrott MD**

Mailing Address PO BOX 389

City State Zip Code  
Okeene OK 73763-0389

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Okeene Memorial Hospital

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 22 2011

**Transaction ID : C1513057**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Francis L Pisney MD**

Mailing Address 322 1/2 College Ave

City State Zip Code  
Iowa Falls IA 50126-2106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ellsworth Family Medicine

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 09 2011

**Transaction ID : C1503111**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Charles H Raye MD**

Mailing Address 1008 Minnequa Avenue Suite #1124

City State Zip Code  
Pueblo CO 81004-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 10 2011

**Transaction ID : C1503223**

Amount of Each Receipt this Period

122.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

737.00

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Paul J Reiss MD**

Mailing Address 17 Lyman Dr

City

Williston

State

VT

Zip Code

05495-9622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Family Health

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1505929

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Robert Lee Rich MD**

Mailing Address PO BOX 10

3744 Old Abbottsburg Rd

City

Bladenboro

State

NC

Zip Code

28320-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bladen Medical Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 28 / 2011

Transaction ID : C1515004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Richard Guy Roberts MD**

Mailing Address 1100 Delaplaine Ct

City

Madison

State

WI

Zip Code

53715-1840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509449

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gloria Gloria Ruiz MD**

Mailing Address 1 Enebro Pl

City

Santa Fe

State

NM

Zip Code

87508-8837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Christus Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 17 / 2011

Transaction ID : C1508945

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gardner Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2011

Transaction ID : C1499776

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. John F Salimbene MD**

Mailing Address 174 Boulevard

City

Scarsdale

State

NY

Zip Code

10583-5534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 15 / 2011

Transaction ID : C1505878

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

780.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Shirley Uhl Salvatore MD**

Mailing Address 10 Hastings Ct

City State Zip Code  
Pueblo CO 81001-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centura Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2011

**Transaction ID : C1509481**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Paul David Salzberg MD**

Mailing Address PO BOX 898

City State Zip Code  
Callicoon NY 12723-0898

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2011

**Transaction ID : C1518324**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City State Zip Code  
Hilliard OH 43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grant Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : C1515016**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

660.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis James S Sanchez MD**

Mailing Address 4347 Clubhouse Dr

City

Lakewood

State

CA

Zip Code

90712-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanchez Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509457

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Wendis A Santana-Joyce DO**

Mailing Address 68 Apple Creek Dr

City

Elgin

State

OK

Zip Code

73538-8400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US ARMY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 22 / 2011

Transaction ID : C1513062

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Brent Smith MD**

Mailing Address 285 Normandy Cir

City

Madison

State

MS

Zip Code

39110-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi Medical Cent

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.46

Date of Receipt

11 / 10 / 2011

Transaction ID : C1503213

Amount of Each Receipt this Period

191.54

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**TOTAL** This Period (last page this line number only)..... ►

691.54



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William D Smucker MD**

Mailing Address PO BOX 228

6601 Smucker Drive

City

Westfield Center

State

OH

Zip Code

44251-0228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Pracitce Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2011

**Transaction ID : C1505877**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Albert M Sterns MD**

Mailing Address 1021 Drexel Pkw

City

Birmingham

State

AL

Zip Code

35209-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N.W Ala Emerg Phys

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2011

**Transaction ID : C1509461**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Michael N Stiffman MD**

Mailing Address 8100 34Th Ave S

City

Minneapolis

State

MN

Zip Code

55425-1672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HealthPartners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2011

**Transaction ID : C1499786**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

765.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Harry S Strothers III**

Mailing Address 300-A Bldg 100

1513 E Cleveland Ave

City

State

Zip Code

East Point

GA

30344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Morehouse School of Medicine

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : C1503217**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. Jay Patrick Taylor MD**

Mailing Address 6097 Sanctuary Garden Blvd

City

State

Zip Code

Port Orange

FL

32128-7229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emergency Medicine Professionals

Physicians

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2011

**Transaction ID : C1509431**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Stacy J Taylor MD**

Mailing Address 173 E Cotton Hill Rd

City

State

Zip Code

New Hartford

CT

06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ProHealth Physicians LLC

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2011

**Transaction ID : C1503215**

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

456.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Andrew J Ting MD**

Mailing Address 15 Railroad Ave

City

S Hamilton

State

MA

Zip Code

01982-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Family Medicine Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 07 / 2011

Transaction ID : C1501377

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Lloyd P Van Winkle MD**

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

11 / 16 / 2011

Transaction ID : C1522540

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**C. Raymond R Walker MD**

Mailing Address 4130 Persimmon Hill Cv

City

Bartlett

State

TN

Zip Code

38135-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tenet Healthcare

Occupation

Physician/Hospitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 08 / 2011

Transaction ID : C1501533

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Benjamin Ware MD**

Mailing Address 137 Dan Dr

City State Zip Code  
 Eunice LA 70535-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Eunice Family Practice

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 03 / 2011

Transaction ID : C1498626

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. David Benjamin Ware MD**

Mailing Address 137 Dan Dr

City State Zip Code  
 Eunice LA 70535-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Eunice Family Practice

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509465

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Robert J Weber MD**

Mailing Address 1375 Meadowridge Rd

City State Zip Code  
 Watsonville CA 95076-0356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509459

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane A Weida MD**

Mailing Address 1011 Handsome Pl

City State Zip Code  
Lititz PA 17543-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reading Hospital Family Medicine Resid

Occupation

Family Physician/Faculty Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2011

Transaction ID : C1499071

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Thomas J Weida MD**

Mailing Address 845 Fishburn Rd

City State Zip Code  
Hershey PA 17033-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hershey Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 21 / 2011

Transaction ID : C1510182

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 30 / 2011

Transaction ID : C1519684

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kenneth W Whittington MD**

Mailing Address 5300 Nw 123Rd St

City

Oklahoma City

State

OK

Zip Code

73142-5142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Deaconess Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2011

Transaction ID : C1509443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patricia R Witte MD**

Mailing Address 335 W Doty St  
Apt 302

City

Madison

State

WI

Zip Code

53703-3147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 17 / 2011

Transaction ID : C1508994

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David P Wright MD**

Mailing Address 1313 Red River St Ste 100

City

Austin

State

TX

Zip Code

78701-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Hospital

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 10 / 2011

Transaction ID : C1503226

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 39 OF 51  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert Allen Youens MD, MMM**

Mailing Address 402 Youens Dr

City  
Weimar

State  
TX

Zip Code  
78962-3680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Youens, Duchicela & Associates, P.A.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011

Transaction ID : C1509017

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

25666.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7341.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011

**Transaction ID : C1501532**

Amount of Each Receipt this Period

79.32

Full Name (Last, First, Middle Initial)

## **B. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7341.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : C1515214**

Amount of Each Receipt this Period

340.18

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

419.50

419.50



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

[illegible]Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The joints are labeled as follows: 1 is at the top-left corner, 2 is at the top-right corner, 3 is at the bottom-right corner, and 4 is at the bottom-left corner.

31.64

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

A diagram of a rectangular frame with four corner joints labeled 1, 2, 3, and 4. Joint 1 is at the top-left corner, joint 2 is at the top-right corner, joint 3 is at the bottom-right corner, and joint 4 is at the bottom-left corner. The frame is represented by a rectangle with small squares at each corner indicating the joints.

4.26

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

40.84

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Response	Percentage
Yes	63.38
No	36.62

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Age Group	Percentage
18-24	4.23
25-34	10.5
35-44	12.5
45-54	15.5
55-64	18.5
65-74	21.5
75-84	24.5
85+	27.5

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

68.91

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Three 10-pin D-sub connectors are shown, each with a different pin number. The first connector has pin 11, the second has pin 28, and the third has pin 2011. Each connector has a label above it indicating the pin number: 'M M' for 11, 'D D' for 28, and 'Y Y Y Y' for 2011.

Category/  
Type

0.65

State:  District:

Three digital displays showing the date 11/29/2011 in MM/DD/YYYY format. The first display shows '11' with 'M' and 'M' above it. The second display shows '29' with 'D' and 'D' above it. The third display shows '2011' with 'Y', 'Y', 'Y', and 'Y' above it. The displays are separated by slashes.

Category/  
Type

4.95

State:  District:

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M11' and has pins 1 and 9 populated. The second connector is labeled 'D01' and has pins 1 and 9 populated. The third connector is labeled 'Y2011' and has pins 1, 3, 5, 7, and 9 populated.

Category/  
Type

26.54

State:  District:

32.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 02 2011

Transaction ID : D121775

Amount of Each Disbursement this Period

1.95

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 07 2011

Transaction ID : D121776

Amount of Each Disbursement this Period

9.27

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City State Zip Code  
Phoenix AZ 85072-3852
Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 08 2011

Transaction ID : D121777

Amount of Each Disbursement this Period

11.86

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23.08

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 10 / 2011

Transaction ID : D121778

Amount of Each Disbursement this Period

20.31

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2011

Transaction ID : D121779

Amount of Each Disbursement this Period

32.50

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2011

Transaction ID : D121780

Amount of Each Disbursement this Period

2.97

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.78



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BILL CASSIDY FOR CONGRESS**

Mailing Address 8550 United Plaza Blvd.

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Bill Cassidy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : D121755**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2011

**Transaction ID : D121757**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2011

**Transaction ID : D121391**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

## A. DAVE CAMP FOR CONGRESS

Rep. Dave Camp

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

A horizontal bar with a value of 1000.00. The bar is light gray with a darker gray border. It has a series of small, evenly spaced vertical tick marks along its top and bottom edges. The number "1000.00" is displayed in black text on the right side of the bar.

## B. ENGEL FOR CONGRESS

Rep. Eliot L. Engel

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

### C. FRIENDS OF JIM CLYBURN

Three digital displays are shown, each with a label above it: 'M' for the first, 'D' for the second, and 'Y' for the third. The first display shows '11', the second shows '14', and the third shows '2011'. They are separated by slashes.

Rep. James E. Clyburn

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

2500.00

4500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jim McDermott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : D121756**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Lois Capps**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

**Transaction ID : D121472**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City	State	Zip Code
Sacramento	CA	95841

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

**Transaction ID : D121759**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GINGREY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

**Transaction ID : D121758**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Phil Gingrey**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2011

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

**Transaction ID : D121754**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Rep. Ron Kind**Category/  
Type

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

**C. FEINSTEIN FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2011

Mailing Address 1212 S VICTORY BLVD

City	State	Zip Code
BURBANK	CA	91502

**Transaction ID : D121390**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

**Sen. Dianne Feinstein**Category/  
Type

2500.00
---------

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
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	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

### A. WHITEHOUSE FOR SENATE

Date of Disbursement

Transaction ID : D121753

Amount of Each Disbursement this Period

2500.00

Sen. Sheldon Whitehouse

Category/  
Type

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

26000.00